ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO	ID NO.		
FEE DETERMINATION	M.O.	69350		4-12-99	
.I.P.E. CLASSIFIER		12	- 77 63		
FORMALITY REVIEW		691051			
-		0 1450		14-28	44)
	IND	EX OF CLAIMS	3	05-19	49.
·	····· Rejecte	d N		Non-elected	
- (Inroug	th numeral) Cancele	d		Interference	
÷	Restric	·		Anneal	
alm _ h Date				Objected	
1.01.00	Claim	Date	Cla	im	Date
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	65		114		
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	71		120	++++	111
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7++++++	76	- 	125	+++	
	77	11111	127	++++	+
TVZ 11111	78	+	128	++++	++++
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AND THE PARTY OF T	LE COPY		140		+++
	92	+++++	141		+++
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 	94		143	+++	477
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			147		

If mor than 150 claims or 10 actions staple additional sheet here